

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index No. <u>102-87</u>			
ORIGINAL CERTIFICATE OF BIRTH				Co. Register No. <u>170</u>			
Local Registrar's No. _____							
County of <u>Gila</u>				(No. _____ St; _____ Ward)			
District of <u>Globe</u>							
Town of <u>Maricopa</u>							
or _____							
City of _____							
FULL NAME OF CHILD <u>Lucy Smith</u>				Born <input checked="" type="checkbox"/> YES			
If <input checked="" type="checkbox"/> is not named, make Supplemental Report on blank obtainable from local registrar.				Alive <input checked="" type="checkbox"/> NO			
Sex of Child <u>Female</u>	Twin, Triplet or other <input type="checkbox"/>	and <input type="checkbox"/>	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June - 3 - 1914</u>	(Month) (Day) (Yr.)	
FATHER				MOTHER			
Full Name <u>Arthur Guy Smith</u>				Full Maiden Name <u>Rachel Renamaker</u>			
Residence <u>Miami Ariz</u>				Residence <u>Miami Ariz</u>			
Color or Race <u>White</u>				Color or Race <u>White</u>			
Age at last Birthday <u>32</u> (Years)				Age at last Birthday <u>32</u> (Years)			
Birthplace <u>Iowa</u>				Birthplace <u>Kansas</u>			
Occupation <u>Iron worker</u>				Occupation <u>Housewife</u>			
Number of child of this mother <u>5</u>		Number of children, of this mother, now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of above child; and that it occurred on 6/3/1914 at 5 P.M.

When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. Slaughter
(Attending physician, midwife, householder, etc.)

Address Miami Ariz

Given or christian name added from a supplemental report _____ 191_____

328-603-959
COUNTY REGISTRAR.

Filed June 7 1914
Filed June 10 1914 A True Copy

B. S. Fox
LOCAL REGISTRAR.
B. S. Fox W.D.
COUNTY REGISTRAR.

N.B. - In case of more than one child, the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.